


| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|---|---|---|---------------------------|---|-----------------------|----------------------------|
| 09/440,020 | 11/12/99 | 606 | 3731 3732 | 032-26-001 | | |
| APPLICANT | STEPHEN H. WALDRON, CAMARILLO, CA. | | | | | |
| | **CONTINUING DOMESTIC DATA***** VERIFIED <i>Jan (none)</i> | | | | | |
| | **371 (NAT'L STAGE) DATA***** VERIFIED <i>Jan (none)</i> | | | | | |
| |  | | | | | |
| | **FOREIGN APPLICATIONS***** VERIFIED <i>Jan (none)</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/99 ** SMALL ENTITY ** | | | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY CA | SHEETS DRAWING 4 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged | | <i>Jan</i> Examiner's Initials | Initials | | | |
| ADDRESS | KOPPEL JACOBS 555 ST CHARLES DRIVE SUITE 107 THOUSAND OAKS CA 91360 | | | | | |
| | AND METHOD OF TREATING THE SKIN SURFACE | | | | | |
| TITLE | MICRODERMABRASION DEVICE ^ | | | | | |
| FILING FEE RECEIVED \$380 | | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |

9/12-17-00